

Benefits Effective February 1, 2018

This "Benefits at a Glance" provides brief highlights of your Group Insurance Benefit Coverage. If you have detailed questions, please contact **Human Resources**. If there is any discrepancy between this document and the Group Insurance Contract, the Contract will apply without exception.

HEALTH CARE (BASIC)

SEMI-PRIVATE HOSPITAL

100% reimbursement unlimited in Canada.

DEDUCTIBLE	REIMBURSMENTS	OVERALL MAXIMUMS
NIL	85% FOR ALL EXPENSES	UNLIMITED

DRUGS

Pay Direct Drug Card; drugs with a DIN requiring a written prescription by a physician, dentist or registered nurse including oral contraceptives, diabetic and colostomy supplies. Excluded are weight loss or dietary supplement products and medications available over the counter.

PARAMEDICAL SERVICES

Acupuncturist, Audiologist, Chiropractor, Chiropractor, Clinical Psychologist, Massage Therapist, Naturopath, Osteopath, Occupational Therapist, Optometrist, Physiotherapist, Podiatrist, Psychotherapist, Social Worker & Speech Therapist.

Up to \$2,000 per person per year for all practitioners combined.

AMBULANCE

Plan will reimburse **85%** of the co-payment for land ambulance.

PRIVATE DUTY NURSING

Out-of-hospital services of a registered nurse or registered trained attendant.

Maximum: \$25,000 per plan year

ORTHOPEDIC SHOES

2 pair per year for dependents under age 8
 1 pair per year for all other covered individuals

MEDICAL SUPPLIES & EQUIPMENT

Casts, splints, braces, crutches, wheel chairs and other durable medical equipment for therapeutic use.

BREATHING EQUIPMENT

Oxygen and its administrative equipment.

PROSTHETIC EQUIPMENT

EXCLUDING MYOELECTRIC APPLIANCES
 Artificial eyes and limbs including repairs and replacement when necessary; external breast prosthesis and surgical bras up to \$600 per person per year.

EMERGENCY OUT OF PROVINCE/COUNTRY & TRAVEL ASSISTANCE

Reimbursement - **100% of Hospital charges**. Physicians services over and above the amount reimbursed by the provincial medicare plan.

Lifetime Maximum: \$2 million for Out of Country

COVERAGE CEASES ON LATER OF

- Termination of employment
- At retirement unless you elect Retiree Health Care coverage within 31 days

VISION CARE (OPTIONAL)

100% of expenses up to \$400 every 2 benefit years for adults and each benefit year for dependent children under 18. Covered expenses include lens, frames, contacts and refractive surgery.

COVERAGE CEASES ON LATER OF

- Termination of employment
- At retirement unless you elect Retiree Health Care coverage within 31 days

HEARING CARE (OPTIONAL)

\$3,000 per person every 3 benefit years.

COVERAGE CEASES ON LATER OF

- Termination of employment
- At retirement unless you elect Retiree Health Care coverage within 31 days

DENTAL

	REIMBURSMENTS	MAXIMUMS
BASIC, ENDODONTIC, PERIODONTAL & DENTURES	100%	\$2,500 PER PERSON/ CALENDAR YEAR
CROWNS & BRIDGES	50%	
ORTHODONTIA	50%	\$2,500 LIFETIME PER PERSON

DEDUCTIBLE NIL **FEE GUIDE** One Year Lag

BASIC SERVICES

Examinations, x-rays, tests and laboratory reports, fillings, space maintainers for missing primary teeth, caries, trauma and pain control, extractions, surgery and related anesthesia. Recall exams, bitewing x-rays, polishing, scaling and fluoride are limited to twice every year; full mouth exams and x-rays limited to once every 24 months.

ENDODONTIC & PERIODONTAL SERVICES

Root canal therapy and treatment of the gum tissue.

DENTURES

Full and partial dentures once every 3 years and repairs, rebasing and relining.

CROWNS & BRIDGES

Crowns, bridges, repairs and maintenance of crowns and bridges.

ORTHODONTICS

Examinations, diagnosis, consultations, appliances and other services for the straightening of the teeth.

COVERAGE CEASES ON LATER OF

- Termination of employment
- At retirement unless you elect Retiree Health Care coverage within 31 days

BASIC LIFE INSURANCE (OPTIONAL)

SCHEDULE OF COVERAGE \$25,000

WAIVER OF PREMIUM WHEN DISABLED Yes - to age 65.

COVERAGE CEASES ON LATER OF

- Termination of employment
- At retirement unless you elect Retiree Life Insurance coverage within 31 days

SUPPLEMENTAL LIFE INSURANCE (OPTIONAL)

SCHEDULE OF COVERAGE

- Units of \$10,000 - **Maximum:** 6 units (\$60,000)

COVERAGE CEASES ON EARLIER OF

- Age 65
- Termination of employment
- At retirement unless you elect Retiree Life Insurance coverage within 31 days

WAIVER OF PREMIUM Yes - to age 65

EMPLOYEE PAY-ALL OPTIONAL LIFE INSURANCE (OPTIONAL)

SCHEDULE OF COVERAGE

- Units of \$10,000 Maximum of 30 units (\$300,000)
- Available only if maximum Supplemental Life coverage has been elected

WAIVER OF PREMIUM WHEN DISABLED Yes - to age 65

COVERAGE CEASES ON EARLIER OF

- Age 65
- Termination of employment
- At retirement unless you elect Retiree Life Insurance coverage within 31 days

DEPENDENT OPTIONAL LIFE INSURANCE (OPTIONAL)

SCHEDULE OF COVERAGE

- Spouse: \$5,000
- Each Child: \$2,000

WAIVER OF PREMIUM WHEN DISABLED Yes - to age 65

COVERAGE CEASES ON EARLIER OF

- Age 65
- At retirement
- Termination of employment

ACCIDENTAL DEATH & DISMEMBERMENT (OPTIONAL)

SCHEDULE OF COVERAGE

\$25,000 (equal to your Basic Life Insurance)

WAIVER OF PREMIUM WHEN DISABLED Yes - to age 65.

COVERAGE CEASES ON LATER OF

- Termination of employment
- At retirement

CRITICAL ILLNESS (OPTIONAL)

SCHEDULE OF COVERAGE

Units of \$25,000 **Minimum: \$25,000; Maximum: \$200,000**

ELIGIBILITY

- Under age 65
- Reside in Canada
- Be actively at work
- Non-medical up to \$50,000
- Provide proof of your good health over \$50,000 or on late application

Please refer to the Critical Illness Brochure and information package available from Human Resources.

PENSION (OPTIONAL)

Member information and **Enrollment Forms** can be accessed on the CAAT Pension website.

SURVIVOR BENEFITS

Applicable to: Health Care, Vision Care, Hearing Care & Dental

GENERAL EXCLUSIONS & LIMITATIONS

No Benefit will be paid for charges incurred:

- As a result of war, declared or not, participation in civil commotion, riot or insurrection or while serving in the armed forces
- For participation in a criminal offence
- For services or supplies for cosmetic purposes unless required as a result of an accident or injury
- For services that are eligible for reimbursement under any government plan
- Lost, misplaced or stolen equipment or supplies
- For care, services or supplies which are not medically necessary
- For expenses that exceed the reasonable and customary charge for the area in which they are incurred
- For experimental treatment or supplies

DEFINITION OF DEPENDENT

Dependent(s): your spouse/partner, your children, your spouse/partner's children, who are residents of Canada or the U.S.A.

Spouse: your legal spouse by marriage or common-law spouse/partner.

Note: spouse/partner will cease to meet the definition of a person eligible to be qualified as your dependent upon the earlier of:

- The date you have entered into a "Separation Agreement" with your spouse/partner; or
- Having lived separate and apart from your spouse/partner for not less than 12 months

Dependent Child: unmarried and under age 21. Coverage may be extended while a full-time student, under the age of 25.

Dependent children can continue to be covered beyond age 21 (age 25) if physically or mentally disabled and are financially dependent on you.

GENERAL CONTACTS

TO CONNECT WITH A BENEFITS SPECIALIST AT HUMBER COLLEGE, PLEASE CONTACT THE **HR SUPPORT CENTRE**.

YOUR INSURANCE COMPANY:

FOR DIRECT CONTACT INFORMATION FOR SUN LIFE, VISIT **SUN LIFE'S CONTACT US WEBSITE**.

HEALTH AND DENTAL CLAIMS TOLL FREE INQUIRY NUMBER:

1 (800) 361-6212

FOR A COMPLETE OVERVIEW OF YOUR PARTIAL-LOAD EMPLOYEES BENEFITS BOOKLET, PLEASE VISIT THE BENEFITS BOOKLETS SECTION ON THE HROE WEBSITE